

BRIGHAM CITY RECREATION
REGISTRATION FORM FOR
AWESOME ADVENTURES
(youth ages 6-13)

Participant's Name: _____
Address: _____
Age _____ Birth Date: _____ School Name & grade: _____ M/F _____
Home Phone: _____ Parent's Cell #: _____ Parent's Work # _____
Email Address: _____
Parent/Guardian's Name: _____
Allergies or medical conditions (please list): _____
Recreation Personnel will **not** be able to dispense medications of **any** kind
Emergency Contact: Name _____ Phone _____

Brigham City Recreation does not provide any insurance for participants. It is recommended that participants have coverage of their own, prior to registration.

_____ (Initial) **Consent for Medical Treatment:** I, on behalf of my child, hereby consent to emergency medical or hospital care that may be rendered by a physician or hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

FEES:

_ 5 Week Session ----- \$75.00 (includes T-Shirt and sack lunch) ***Make Checks Payable to BCC***
\$80.00 after April 30th
_ Weekly Session ----- \$15.00 + \$10.00 T-shirt (mandatory)
T-shirt Size (please circle) Youth M L XL Adult S M L

Liability Release/Waiver & Consent

I authorize my child to participate in Awesome Adventures. I understand Awesome Adventures contains certain dangers and *inherent risks*, particularly if my child fails to follow written warnings or verbal instructions or engages in activities beyond his or her abilities. I will specifically look for and instruct my children on these dangers and warning signs. Knowing these risks, I believe that the benefits of my child's participation in Awesome Adventures outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Brigham City Corporation and its agents and employees from all claims arising from known, reasonable and/or inherent risks associated with my child's participation. I further understand that it is my responsibility to keep my child from participating in any activity beyond his or her abilities.

I further consent to allow my child's picture or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Recreation Department in any manner incidental to his/her participation in the activity herein, without compensation to me.

Signature of Parent or Guardian Date: _____

Please list at least two people who would be authorized to pick up your child in your absence:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Brigham City Recreation provides equal opportunity to participants regardless of race, creed, sex or ability to pay, and will, upon request, provides reasonable accommodations to individuals with disabilities.

REFUNDS: \$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS
75% REFUND IF REQUEST FOR REFUND IS MADE AFTER 1ST WEEK OF PROGRAM
50% REFUND IF REQUEST FOR REFUND IS MADE AFTER 2ND WEEK OF PROGRAM
0% REFUND IF REQUEST FOR REFUND IS MADE AFTER 3RD WEEK OF PROGRAM

Staff Initials: _____